

**CRITERIA FOR PRIOR AUTHORIZATION**

Gilotrif® (afatinib)

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Afatinib (Gilotrif)

**CRITERIA FOR GILOTRIF:** (must meet all of the following)

- Patient must have a diagnosis of metastatic non-small cell lung cancer (NSCLC)
- Tumors must have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 (L858R) substitution mutations

**LENGTH OF APPROVAL** 12 months